

1. NAME OF THE LIMITED LIABILITY COMPANY.

*Woodstock Counseling Services LLC*

2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSE TO BE PROMOTED OR CARRIED OUT:

*To engage in any activity which is permitted under Connecticut statutes.*

3. PRINCIPAL OFFICE ADDRESS: (Provide complete address. See instructions for further details.)

*207 Route 169, Woodstock, CT 06281*

4. APPOINTMENT OF STATUTORY AGENT FOR PROCESS:

Name of agent:

*Christopher E Teehan*  
*Attorney at Law*

Business address: (P.O.Box is not acceptable)

*112 Main Street, Suite 4*  
*Putnam, CT 06260*

Residence address: (P.O.Box is not acceptable)

*98 Cooney Road, POB 225*  
*Pomfret Center, CT 06259*

Acceptance of appointment

*Christopher E Teehan*

Signature of agent

5. MANAGEMENT:

(Place a check mark next to the following statement **only** if it applies)

The management of the limited liability company shall be vested in one or more managers.

6. MANAGER(S) OR MEMBER(S) INFORMATION

Name	Title	Residence Address	Business Address
<i>Donald MacMillan</i>	<i>Member</i>	<i>207 Route 169</i> <i>Woodstock, CT 06281</i>	<i>207 Route 169</i> <i>Woodstock, CT 06281</i>

7. EXECUTION

Dated this *8th* day of *July* 2004.